

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/507543 FILING DATE 9/4/04
APPLICANT(S)

CLAIMS

	CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38	/					
39						
40						
41						
42						
43	/					
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	5		↓		↓	↓
TOTAL DEP.	41		←	←	←	←
TOTAL CLAIMS	40					

BEST AVAILABLE COPY

BEST AVAILABLE COPY